

PATENT

Applicant: Koblish et al.

Serial No.: 10/658,616

Filing Date: September 8, 2003

Title: Method and Apparatus For
Positioning a Diagnostic or Therapeutic
Element Within the Body and Tip
Electrode For Use With Same

Group Art Unit: 3739

Examiner: Vrettakos

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Mail Stop – Issue Fee

ISSUE FEE TRANSMITTAL LETTER

Sir:

We enclose a PTOL-85 (Issue Fee Transmittal). A credit card charge authorization in the amount of \$1700 for payment of the issue fee and publication fee is accompanying the filing of this paper. Please note that the assignee, Scimed Life Systems, Inc., changed its name to Boston Scientific Scimed, Inc. effective January 1, 2005.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0638.

Respectfully submitted,

December 29, 2006
Date

/Craig A. Slavin/
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**Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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21836 7590 10/06/2006

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/658,616	09/08/2003	Josef V. Koblish	15916-271FX	2540

TITLE OF INVENTION: METHOD AND APPARATUS FOR POSITIONING A DIAGNOSTIC OR THERAPEUTIC ELEMENT WITHIN THE BODY AND TIP ELECTRODE FOR USE WITH SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/08/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
VRETTAKOS, PETER J	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Henricks, Slavin
2 & Holmes LLP
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc. Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____
Typed or printed name **Craig A. Slavin**

Date **Dec. 29, 2006**
Registration No. **35,362**

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